DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

CENTER FOR SUBSTANCE ABUSE TREATMENT

Cooperative Agreement to Bridge the Gap: Phase II Implementation of Community-Based Practice/Research Collaboratives

SHORT TITLE: ***PRC Implementation Program***

Guidance for Applicants (GFA) No. TI 00-004
Part I - Programmatic Guidance

Catalog of Federal Domestic Assistance (CFDA) No. 93.230

Under the authority of Section 501(d)(5) of the Public Health Service Act, as amended (42 USC 290aa), and subject to the availability of funds, the SAMHSA Center for Substance Abuse Treatment will accept applications in response to this Guidance for Applicants for the receipt date of June 13, 2000.

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Part I - PROGRAMMATIC GUIDANCE

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[Note to Applicants: In order to prepare an application, PART II, "General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements" (February 1999 edition), must be used in conjunction with this document, PART I, "Programmatic Guidance."]

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Section I - OVERVIEW

Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) announces the availability of cooperative agreements to support the implementation of Practice/Research Collaboratives, hereinafter referred to as PRCs. This announcement solicits applications for cooperative agreements to implement the knowledge development and application agenda that has been developed by a Practice/Research Collaborative. Project support will enable grantees to build a self sustaining research infrastructure, conduct studies which address PRC defined needs, and apply evidence based practices in community based treatment settings.

The overall purpose of the PRC program is to improve the quality of substance abuse treatment by increasing interaction and knowledge exchange among key community based stakeholders, including substance abuse treatment providers, community-based organizations providing support services to substance abusers, researchers, and policy makers, including health plan managers and purchasers of substance abuse treatment. Prior to the Implementation Phase of the program, it is expected that the PRCs will have developed the necessary infrastructure and capacity to conduct knowledge development and application studies to be able to participate effectively in federally-funded research efforts. Through these efforts, the PRCs will be able, over time, to make significant contributions to the field's knowledge and understanding about substance abuse treatment.

The PRC program is comprised of two types of grants: developmental grants and implementation cooperative agreements. In Fiscal Year 1999, the PRC program solicited applications for Developmental Grants under GFA TI 99-006. These grants supported activities related to the development of an operational structure, research infrastructure and consensus-based knowledge development and application agenda. This announcement (TI 00-004) is a solicitation for implementation grants only.

The cooperative agreement mechanism is being used because the complexity of the program requires substantive programmatic involvement of Federal staff. The cooperative agreement mechanism will allow the Federal Government or its representative contractors to provide technical assistance to sites, coordinate the development of cross site evaluation activities, collect and analyze data, and facilitate communication and coordination of these projects with other CSAT and SAMHSA programs and resources.

Eligibility

Applications for Implementation Cooperative Agreements may be submitted by domestic public and private nonprofit and for-profit entities, such as community-based organizations, public or private universities, colleges, and hospitals, units of State or local government, and Indian Tribes and tribal organizations.

Availability of Funds

It is estimated that $3.0 million will be available to support approximately 8-10 Implementation awards under this GFA in FY 2000. Awards are expected to range from $300,000 - $400,000 per year in total costs (direct+indirect).

Period of Support

Support may be requested for a period of up to three years. Annual awards will be made subject to continued availability of funds and progress achieved.

Section II - PROGRAM DESCRIPTION

Supporting Documentation

There is a significant gap between community-based treatment providers, policy makers, and researchers, according to the IOM Report Bridging the Gap Between Practice and Research (Lamb, et al.,1998). The IOM Report highlighted the increasing frustration of substance abuse treatment providers with the failure of research to provide them with relevant answers to important treatment questions. Researchers and policy makers have been frustrated because research-tested evidence based treatment innovations are not being utilized by treatment providers. Community organizations exercise an increasingly important role in providing supportive services to substance abusers and their families, including education, referral and social support. They
are frustrated by the lack of interaction and collaboration with substance abuse treatment providers and researchers.

Given the current treatment gap (ONDCP,1998) and the environment of fiscal constraint, there is a need to strengthen the substance abuse service delivery system and help providers find answers to complex treatment questions, develop research agendas, participate in research, and utilize the findings of research to improve the effectiveness and cost-effectiveness of service delivery. Within this context, it is also critical that individual community based organizations develop new strategies for forming networks with others

working in a variety of settings, as well as forming partnerships with researchers. An important goal of this program is to improve the quality of substance abuse treatment services by increasing interaction and knowledge exchange among key stakeholders, including the research community, community based treatment providers and organizations and policy makers. The PRCs are intended to create the environment necessary to assure that the substance abuse treatment research is relevant to the needs of the community and that the new approaches will be readily accepted if shown to be effective and useful.

With more practitioner involvement in knowledge development and application studies, it is far more likely that treatment providers will assume ownership and develop the expertise necessary to implement and sustain evidence based interventions. Without this transfer of ownership, a process which has been shown to work best if it is planned for and programmed into the research phase, there is little likelihood that the research will be adopted into practice (Altman, 1995). Knowledge development and application agendas which are fostered by these collaboratives will address local and regional needs related to service system quality and effectiveness.

Target Population

The target population for this GFA is defined as community-based stakeholder groups who are involved in the conduct of substance abuse knowledge development studies and adoption of evidence-based practices. Specifically, the three essential stakeholder groups targeted by this GFA include community based substance abuse treatment providers, researchers and policy makers. Prevention groups, consumer groups and other community-based organizations may be included as stakeholders, but they are not required stakeholder groups under the Implementation Phase. Consumer participation is required on PRC stakeholder governing bodies.

Program Plan

Goals

The primary goal of the PRC Implementation Program is to improve the quality of substance abuse service delivery in the PRC target community by supporting the research infrastructure and carrying out the knowledge development and application research agenda set forth by the PRC.

This will be accomplished by implementing a consensus based PRC plan to do the following:

- support and enhance the research infrastructure to ensure ongoing stakeholder collaboration and develop research expertise, and
- carry out knowledge development and application studies responsive to the PRC research agenda.

Cooperative Agreement - Roles

Role of PRC Grantees:

PRC grantees are expected to participate in and cooperate fully with CSAT staff, its representative contractor(s) and other PRC grantees in the implementation and evaluation of the program. Activities include: (l) compliance with all aspects of the terms and conditions of the cooperative agreement; (2) adherence to SAMHSA's need for information related to the Government Performance and Results Act (GPRA); (3) cooperation with CSAT staff and representative contractor(s) in accepting guidance and responding to requests for information and data relevant to the program; (4) participation on policy steering or other working groups established to facilitate accomplishment of the project goals; (5) authorship or co-authorship of publications to make results of the projects available to the field. In addition, each PRC grantee will participate in the development and implementation of the cross site knowledge application process and outcome evaluation activities, which will be carried out post award. These evaluation activities will be consistent with GPRA requirements. Each PRC, in collaboration with CSAT staff and its representative contractor(s), will have responsibility, at its own site, for implementation of specified activities, data collection, quality control and preparation of SAMHSA/CSAT required reports.

Role of Federal Staff:

It is the responsibility of the CSAT project officer to appropriately discharge his/her responsibilities to monitor the overall progress of the program. The CSAT project officer's role for this cooperative agreement program is to:

- provide technical assistance to grantees in implementing project activities throughout the course of a project;
- review and approve each stage of project activities;
- provide guidance on project design and study components;

- participate on the Steering Committee or project related work groups;
- conduct site visits to monitor the development and implementation of programmatic activities and/or engage consultants to advise on programmatic issues and conduct site visits;
- provide support services or outside consultants for training, evaluation and data collection activities;
- author or co-author publications to disseminate program findings; and
- provide technical assistance on strategies to enhance the dissemination and application of study findings.

Role of Steering Committee:

The Steering Committee will be comprised of the Project Directors from each of the PRCs and the CSAT Project Officer or designated CSAT staff member. Each member will have a single vote. The chair of the steering committee will be one of the grantees and will be appointed by the CSAT Director. CSAT staff will participate as full members of the subcommittees that are formed. The Steering Committee will operate by majority vote. SAMHSA/CSAT retains the authority to override recommendations made by the Steering Committee that are inconsistent with the goals of the GFA.

The Steering Committee will have responsibility for finalizing the plans for cross-site activities, reports and publications as well as for the development/refinement of common data measures for the cross-site evaluation.

The Steering Committee will also develop policies, consistent with the provisions of 45 CFR 74.36, on data sharing and access to data, materials, and publications. Publications will be written and authorship decided using procedures adopted by the steering committee. The quality of publications resulting from the project will be the responsibility of the authors, provided that a draft is provided to CSAT prior to publication. No additional CSAT/SAMHSA clearance will be required. (Note: Publications on which SAMHSA staff are included as authors or coauthors must receive internal agency clearance prior to publication.)

Design

In order to accomplish the goals of the Phase II PRC Implementation Program, applicants are required to have met the following criteria:

- an operational, community based PRC has been established in which providers participate as full partners with researchers, policy makers and other stakeholder groups;

- a formal organizational structure and statement of operating procedures, roles and responsibilities of stakeholder members and designated consumer representative has been developed and endorsed by stakeholder groups;

- a formal needs assessment of PRC stakeholders has been conducted and utilized to establish a consensus based research and knowledge application agenda and implementation plan; and

- stakeholders have endorsed the implementation plan.

In addition to meeting the criteria identified above, applicants will be expected to document how they will carry out the PRC implementation plan in each of the following areas: (1) continuing to build research infrastructure, and (2) conducting knowledge development and application studies.

Project Components

The following project components must be conducted under the Phase II PRC Implementation Program. Applicants will be expected to carry out activities in each of these four areas.

1. Core Program Activities include activities in each of the following areas:

- **Staffing and Administration**, to include salaries and support for a limited number of key program and administrative support personnel; administrative support services such as supplies, telephone, computer support, etc.; and limited administrative and/or salary support for stakeholder organizations/staff;

- **Communications and Information Management Functions**, such as administrative and/or technical support to develop or maintain web sites, list serve, and other communications systems that ensure ongoing interaction and knowledge dissemination, development of data sharing/integration agreements and systems;

- **Stakeholder Meeting Support**, to include logistics and/or technical support services for stakeholder meetings, focus groups and/or knowledge exchange seminars, and/or forums.

2. PRC Network Enhancement Activities may include a range of program activities and technical consultant services designed to ensure ongoing interaction and knowledge exchange among stakeholders and related constituency groups. These collaborative events, activities and support services are viewed as critical to sustaining synergy within the collaborative and may serve as a means of reaching a broad base of treatment providers and related community support groups. Examples of such activities include the following:

- **Researcher/Practitioner Mentoring and Exchange Functions**, such as clearinghouses, speakers' bureaus, clinician and/or researcher in residence programs; and

- **Education, Technical Assistance and/or Training Functions,** including conferences, workshops, seminars and technical assistance for providers, community based groups and other PRC target audiences.

3. Pilot and Knowledge Application Evaluation Studies include, for the purpose of this GFA, activities and technical consultant services to develop and/or implement substance abuse treatment knowledge development or application studies. Substance abuse treatment studies may address a broad range of research areas such as screening, diagnosis/assessment, brief intervention and referral, clinical interventions, service delivery innovations, performance monitoring, etc. Two types of studies must be conducted:

- **Pilot Studies** are studies or related research activities which build PRC capacity to develop and implement full-scale knowledge development and application studies. It is expected that a grantee will implement **multiple pilot studies** during the course of the three year project period. It is assumed that the cost and period of support for a given pilot study will vary, depending upon the amount of in-kind (e.g., involvement of graduate students) and the scope of the study. A given pilot study may not exceed $40,000 in direct costs and the length of the pilot study may vary (e.g., 6-18 months). It is anticipated that PRCs will use the information generated through pilot studies and the expertise developed within the PRC to access external funding sources, including public and private sector sources, to support full scale studies. Examples of pilot studies include the following:

    - enhancing/modifying provider data bases to address proposed study design requirements, e.g., integrating management and

clinical data systems; development and testing of merged inter-organizational data bases;

- feasibility testing of a culturally competent or other adaptation of a clinical practice;

- instrument development and/or validation, e.g., development of fidelity measures; validation of an assessment instrument in a special population; and

- development of procedures to assess and enhance compliance with a study protocol.

- **Knowledge Application Evaluation Studies** assess the impact of implementing evidence based clinical or service delivery practices on treatment providers and/or delivery systems. For the purpose of this GFA, an evidence based practice is any consistently applied clinical or service delivery practice or mechanism intended to improve outcomes for individuals with substance abuse problems and which has been demonstrated to be effective. To be evidence-based, a practice must have been tested and validated in more than one setting by one or more of the following means:

  - formal evaluation and/or research studies have been reported in peer-reviewed publications;

  - meta-analytic findings have been reported in peer-reviewed publications; and/or

  - the practice has been fully documented so that it can be implemented with fidelity.

  Knowledge Application Evaluation Studies may incorporate a pre/post study design of one knowledge application strategy or a pre/post comparison of two or more knowledge application strategies, e.g., one-on-one consultation vs. group training/skill development. Examples of evaluation studies include the following:

  - evidence-based clinical practices, e.g., adoption of screening/assessment instruments, patient placement criteria or manualized therapeutic interventions; programs to implement patient placement criteria; programs to train clients to utilize self management techniques following discharge from treatment; and

- evidence based service delivery system practices, e.g., strategies to improve treatment engagement, adoption of quality improvement and performance monitoring systems.

It is expected that grantees will conduct **at least two** Knowledge Application Evaluation Studies during the course of the three year project period. The estimated cost and period of support for each study will vary, depending on the amount of in-kind support (e.g., training manuals/materials) and the scope of the study. No single Knowledge Application Evaluation Study should exceed $75,000 in direct costs per year. The cooperative agreement will support only those costs associated with the implementation of the evidence based practice, (e.g., staff training) and with the evaluation of the practice (e.g., data collection and analysis). Costs associated with direct clinical service delivery cannot be supported under this grant.

4. Project Process Evaluation Activities refer to the site-specific process evaluation of the Implementation Phase, and will include at a minimum, an assessment of the following:

- changes in stakeholder knowledge, attitudes, and practices with respect to community based substance abuse research and knowledge application;

- changes in stakeholder level of understanding of one another's roles and contributions, as well as level of interaction;

- the extent to which goals and objectives of the PRC are implemented as planned, and to which barriers are identified and addressed;

- the extent to which the PRC addresses community concerns and interests with respect to research-to-practice issues; including the concerns of diverse ethnic and cultural client populations;

- documentation of the costs and benefits associated with establishing a PRC and carrying out an implementation plan; and

- the extent to which the PRC has improved capacity of stakeholders to submit and compete for community based treatment research studies.

Section III - PROJECT REQUIREMENTS

SUMMARY: Provide a brief (5 lines, 72 characters per line) abstract for the purpose of publications, reporting to Congress, press releases, etc. should the application be funded.

All applicants must provide the information specified below under the proper section heading. The information requested relates to the individual review criteria in Section IV of this announcement.

A. Review of Practice Research Collaborative Capability (Level I)

Description of PRC Structure and Operation

The applicant must:

1. provide evidence of active involvement in the formation and/or operation of the community based PRC;

2. provide a comprehensive description of the PRC which has been established, including the goals, the geographic area served, the organizational structure, the operating procedures, the links with other organizations and community groups; e.g., Addiction Technology Transfer Centers, self help and advocacy groups, etc.;

3. provide formal documentation of the roles and responsibilities of stakeholder members and of a designated consumer representative;

4. describe the stakeholders who have been serving as formal members of the PRC, i.e., the community based treatment providers, researchers and policy makers, and provide well documented evidence of stakeholder involvement in and endorsement of the PRC. For community based treatment providers, provide an outline or chart which summarizes the treatment programs that are represented, including size, type of service provided, degree of prior research participation and characteristics of client population served, e.g., age, gender, ethnicity;

5. document how the PRC has been organized to ensure that community based treatment providers participate as full partners in the PRC, along with other key stakeholders;

6. describe the scope, methods and results of the broad based stakeholder needs assessment which identified the issues,

research questions and knowledge application areas which needed to be addressed in priority order; and

7. describe the steps that were taken to develop the implementation plan, including how stakeholders were involved, and document stakeholder endorsement of the implementation plan.

B. Technical Merit of Implementation Plan (Level II)

1. Project Description and Supporting Documentation

Applicants must describe in detail the significance of carrying out the PRC implementation plan and identify the expected results that are likely to occur if the grant is awarded. Specifically applicants must:

- describe the problem(s) to be addressed, including supportive quantitative data when possible;

- describe in outline format the goals and objectives of the implementation plan, and state how it addresses the identified problem(s); specify what PRC stakeholder groups are targeted by different implementation plan activities (refer to the stakeholders identified in Level I);

- describe the potential barriers to project implementation and methods to overcome them;

- describe the proposed project's expected contributions to the field, including how it will build and/or enhance capacity for PRC stakeholders to compete with traditional research entities and how it will address community needs.

2. Project Approach/Plan

Applicants must describe in detail their proposed implementation plan that documents the research and knowledge application needs of the PRC stakeholders and identifies activities to be undertaken in each of four project components: (l) core program activities (2) PRC network enhancement activities, (3) pilot and knowledge application evaluation studies and (4) project process evaluation activities. The following information must be included:

- for each of the four project components identified above, a description of the specific activities proposed and key steps

involved in conducting the activities, including flow charts/projected time lines for project implementation. The applicant must carry out activities in each of the four components, and identify those activities which are supported through in-kind resources, if applicable;

- a description of in-kind resources allocated by stakeholders and/or other community sources to the proposed project, as well as plans to obtain in-kind resources which can sustain the project following the three year implementation period;

- for each of the four areas of project activity, a description of the extent to which appropriate stakeholders are involved in the decision making process;

- a brief description of each pilot and knowledge application evaluation study to be conducted over the course of the three year project period, including a statement of objective, research question, study population, methodology, time line and estimated direct cost per study per year. Indicate how each study relates to the consensus based research agenda developed by the PRC;

  (Note: The applicant should be aware that under the cooperative agreement, some modifications may be made to the proposed studies according to decision making procedures outlined in the cooperative agreement terms and conditions.)
- a detailed description of the plan to conduct a site specific project evaluation that will document implementation of the project, including the questions to be addressed, the evaluation design, qualitative and quantitative data to be collected, the methods and instruments to be used, the schedule for data collection and analysis, and plans to provide feedback from the evaluation to project stakeholders.

  Note: The applicant should be aware that some modifications to the process evaluation design and methodology may be required in order for sites to comply with cross-site evaluation activities and with GPRA reporting requirements. GPRA reporting requirements may include standardized reporting on number and type of training events, participant satisfaction and the utility of information delivered at training events.

3. Pilot and Knowledge Application Evaluation Studies: Design, Methodology, and Analysis Plan

For the purpose of evaluating the capability of the applicant to conduct pilot and knowledge application evaluation studies, two of the studies proposed under Project Approach/Plan must be described in detail. The applicant must fully describe the design and methodology for **one** proposed pilot and **one** proposed knowledge application evaluation study. The applicant must include the following information:

- For the proposed pilot study, document, as appropriate, the characteristics of the intervention and comparison groups, the proposed sample size based on a power analysis, planned measurements at baseline and following the intervention, the psychometric properties of standardized instruments or plans to document reliability and validity of project developed instruments.

- For the proposed knowledge application evaluation study, provide:

  - a detailed description of the clinical or service delivery practice,

  - a justification that the clinical or service delivery practice meets the GFA criteria for evidence based (see Section II);

  - a literature review which supports the use of the proposed implementation strategy;

  - a description of proposed methods for conducting baseline and follow up assessment of the treatment providers and/or service delivery system; and

  - a description of proposed quantitative and/or qualitative methods for conducting a process evaluation, including evaluation of the costs associated with implementation.

  Address how the proposed design and methodology are responsive to the needs of the client population(s) served and adapted as needed to reflect ethnic, cultural, and/or gender issues.

  Note: For studies which evaluate the adoption of evidence based practices, grantees are expected to comply with GPRA reporting requirements, and where applicable, with the collection of CSAT GPRA Client Outcomes. In their applications, applicants should

state the procedures that they will put in place to ensure compliance with GPRA, and, if applicable, the collection of outcomes at baseline, six and twelve month follow ups. For a more detailed description of CSAT's GPRA Strategy and CSAT GPRA Core Client Outcomes, see Appendices A and B.

4. Project Management: Project Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support

Project Implementation Plan

The applicant must present a plan for management of the project that is timely, realistic, and feasible, which includes the following:

- a description of how multi-organization and/or system arrangements will be implemented and monitored; and

- a schedule and time line of activities, events, reports and products. Schedules and time lines may be presented in chart form and included as Appendix 1 to the application.

Organization Capability

The applicant must:

- describe the capability and experience of the applicant/organization in project management; and

- describe the capability and experience of the applicant/organization in managing collaborative efforts involving multiple agencies and/or stakeholders.

Staff

The applicant must:

- describe the proposed staff, including key personnel and administrative staff, and technical consultants to be allocated to each of the four identified project components; include resumes and brief job descriptions; and

- describe the qualifications and appropriateness of key personnel, including in-kind and project supported representatives of stakeholder organizations, with respect to

the diversity of the client population/community served by the PRC.

Equipment/Facilities

The applicant must:

- describe the availability and adequacy of facilities and equipment, including a description of in-kind equipment and/or facilities provided by PRC stakeholder organizations.

Budget and Other Support

The applicant must:

- describe the allocation of the total annual budget within the four project components, i.e., core program activities, PRC network enhancement activities; pilot and knowledge application evaluation studies and project process evaluation activities. No more than 35% of total program costs may be allocated to core program and network enhancement activities.

Post Award Requirements

Awardees will submit quarterly reports to CSAT. The fourth quarterly report of each year will be an annual report and will address the entire year. A final report at the end of the project period, summarizing project progress, problems, and alterations in approaches utilized is also required.

Up to three 2½-day grantee meetings will be held each year, presumably in Washington, DC, metropolitan area. Up to four project staff and/or consultants are expected to attend.

Grantees must provide information for SAMHSA to comply with GPRA reporting requirements.

Section IV - REVIEW OF APPLICATIONS

Guidelines

Applications submitted in response to this GFA will be reviewed for scientific/technical merit in accordance with established PHS/SAMHSA

review procedures outlined in the Review Process section of Part II. Applicants must review the Special Considerations/Requirements and Application Procedures sections that follow, as well as the guidance provided in Part II, before completing the application.

The IRG review will be conducted with two levels of review. At Level One, the IRG will limit its review to an evaluation of the extent to which the applicant meets the specified criteria in Section III, A. Review of Practice Research Collaborative Capability (Level I), items 1-7. Only those applications that pass the Level One review will receive further review.

For the IRG Level Two review, the reviewers will be asked to assign scores only to those applications that passed Level One review, and which they consider to have sufficient technical merit for program staff to consider for funding.

Applications that proceed to Level Two will be reviewed and evaluated according to the review criteria that follow. The points noted for each criterion indicate the maximum number of points the reviewers may assign to that criterion if the application is considered to have sufficient merit for scoring. **The bulleted statements that follow each review criterion <u>do not</u> have weights.** The assigned points will be used to calculate a raw score that will be converted to the official priority score.

The review criteria A (Level I) and B (Level II) below correspond to subsections A and B in Section III above to assist in the application process. Reviewers will respond to each review criterion on the basis of the information provided in Section III by the applicants. Therefore, it is important for applicants to follow carefully the outline, headings, and subheadings when providing the requested information.

Peer reviewers will be instructed to review and evaluate each relevant criterion in relation to cultural competence. Points will be deducted from applications that do not adequately address the cultural aspects of the criteria. (See Appendix D in Part II, for guidelines that will be used to assess cultural competence.)

<u>Review Criteria</u>

A. <u>Level One: Review of PRC Capability</u>

The following criteria will be used for the Level One review. The maximum possible points are noted for each. Applications must score a minimum of 5 points per criterion and at least 75 points total within Level One to be eligible for further review at Level Two.

1. The extent to which a fully operational PRC is documented, including the qualifications of the applicant organization, specification of goals, geographic area served, organizational/management structure, operating procedures, roles and responsibilities of stakeholder members and of the designated consumer representative (30 points).

2. The extent to which the PRC stakeholders are clearly identified and defined, including a summary description of the services and client characteristics of the community based treatment organizations and evidence that they serve as full and equal partners with other stakeholder organizations (20 points).

3. The extent to which evidence is provided documenting the rationale for the type and mix of stakeholders involved as well as stakeholder involvement in and endorsement of the PRC (20 points).

4. The extent to which the scope and methods of a broad based stakeholder needs assessment are described. This assessment must identify the issues and research agenda that need to be addressed by the PRC in priority order (20 points).

5. The extent to which the process of developing an implementation plan, formulated on the consensus-based needs assessment, has been documented and stakeholder endorsement has been documented (10 points).

B. Level Two: Technical Merit of Implementation Plan

The following criteria will be included in Level Two scientific/technical merit review of the Implementation Plan:

1. Project Description and Supporting Documentation (15 Points)

- Extent to which the applicant describes the problem(s) to be addressed by the implementation plan and identifies how the proposed implementation plan addresses the problem(s);

- Extent to which the applicant clearly states the goals and objectives of the implementation plan, and ties these goals and objectives to identified stakeholder needs;

- Extent to which potential barriers to project implementation and methods to overcome them are described; and

- Extent to which the proposed project's expected contributions are documented.

2. Project Approach/Plan (30 Points)

- Extent to which the objectives and key steps of the implementation plan are described for each of the four areas of program support/activity identified in the GFA, i.e., core program activities, PRC network enhancement activities, pilot and knowledge application evaluation studies and project process evaluation activities;

- Extent to which in-kind resources allocated by stakeholders and/or plans to obtain in-kind resources during the proposed project period are described;

- Documentation of the extent to which stakeholders are involved in the decision making process;

- Extent to which the description of all proposed pilot and knowledge application evaluation studies is adequate and responsive to the PRC consensus based research agenda;

- Extent to which the process evaluation is clearly described, identifies appropriate questions, and is adequately designed to achieve stated objectives; and

- Documentation of willingness to comply with GPRA reporting requirements.

3. Pilot and Knowledge Application Evaluation Studies: Design Methodology, and Analysis Plan (30 points)

- Extent to which the design, methodology, and analysis plan for the selected pilot study is described and adequately addresses the research priority specified; including statement of study question, specification design, target population, sample size,

if applicable; psychometric properties of instruments, if applicable; strategies for data collection, management and quality control, and analysis;

- Extent to which the design, methodology, and analysis plan for the selected knowledge application evaluation study is documented and includes the following: (l) a detailed description of the clinical or service delivery practice, (2) a well documented literature review supporting the adoption strategy, (3) a description of methods for conducting baseline and follow up assessment of the treatment providers and/or delivery system, and (4) proposed methods of conducting a process evaluation, including an assessment of the costs associated with implementation;

- Extent to which the proposed studies are responsive to the needs of the client populations served by the treatment providers and/or systems and reflect ethnic, cultural and gender issues.

4. Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support (25 Points}

Project Implementation Plan

- Extent to which the proposed project management plan includes a project schedule and time line for proposed activities, and is well described, timely, and feasible.

Organization Capability

- Extent to which the applicant organization demonstrates capability and experience with respect to project management; and

- Extent to which the applicant can demonstrate capability and experience in managing collaborative activities with other agencies or organizations.

Staff

- Extent to which the proposed staffing pattern is appropriate and adequate for implementation of the project;

- Extent to which the qualifications and experience of the project director, and other key personnel, including proposed consultants and subcontractors are adequate;

- Extent to which the key personnel and stakeholder representatives reflect the diversity of the client population/community served by the PRC.

Equipment/Facilities

- Extent to which the applicant documents the adequacy and availability of facilities and equipment for the project, including any in-kind resources from stakeholder groups, if applicable.

Budget and Other Support

- Assurance from the applicant that no more than 35% of total costs are allocated to core program and network enhancement activities.

NOTE: Although the reasonableness and appropriateness of the proposed budget for the proposed project are not review criteria for the GFA, the Initial Review Group will be asked to consider these after the merits of the application have been considered.

Section V - SPECIAL CONSIDERATIONS/REQUIREMENTS

SAMHSA's policies and special considerations/requirements related to this program include:

- Population Inclusion Requirement
- Government Performance Monitoring
- Healthy People 2000 (The Healthy People 2000 priority areas related to this program are Alcohol and Other Drugs.)
- Consumer Bill of Rights and Responsibilities
- Promoting Nonuse of Tobacco
- Letter of Intent
- Coordination with Other Federal/Non-Federal Programs (include documentation in Appendix 2)
- Single State Agency Coordination (include documentation in Appendix 3)
- Intergovernmental Review (E.O. 12372)

- Confidentiality/Human Subject Protection. The SAMHSA/CSAT Director has determined that projects funded under this program must meet SAMHSA Human Subject requirements.

Specific guidance and requirements for the application related to these policies and special considerations/requirements can be found in Part II in the section by the same name.

Section VI - APPLICATION PROCEDURES

All applicants must use application form PHS 5161-1 (Rev. 5/96), which contains Standard Form 424 (face page). The following must be typed in Item Number 10 on the face page of the application form:

TI 00-004 PRC Implementation Program

For more specific information on where to obtain application materials and guidelines, see the Application Procedures section in Part II. Completed applications must be sent to the following address.

SAMHSA Programs
Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710*

*Applicants who wish to use express mail or courier service should change the zip code to 20817

Complete application kits for this program may be obtained from the National Clearinghouse for Alcohol and Drug Information (NCADI), phone number: 800-729-6686. The address for NCADI is provided in Part II.

APPLICATION RECEIPT AND REVIEW SCHEDULE

The schedule for receipt and review of applications under this GFA is as follows:

Receipt Date	IRG Review	Council Review	Earliest Start Date

June 13,2000 Jul/Aug 2000 Sept 2000 Sept 2000

Applications must be received by the above receipt date to be accepted for review. An application received after the deadline may be acceptable if it carries a legible proof-of-mailing date assigned by the carrier and the proof-of-mailing date is not later than 1 week prior to the deadline date. Private metered postmarks are not acceptable as proof of timely mailing. (NOTE: These instructions replace the "Late Applications" instructions found in the PHS 5161-1.)

CONSEQUENCES OF LATE SUBMISSION

Applications received after the above receipt date will not be accepted and will be returned to the applicant without review.

APPLICATION REQUIREMENTS/COMPONENT CHECK LIST

All applicants must use the Public Health Service (PHS) Grant Application form 5161-1 (Rev. 6/99) and follow the requirements and guidelines for developing an application presented in Part I Programmatic Guidance and Part II General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements.

The application should provide a comprehensive framework and description of all aspects of the proposed project. It should be written in a manner that is self-explanatory to reviewers unfamiliar with the prior related activities of the applicant. It should be succinct and well organized, should use section labels that match those provided in the table of contents for the Program Narrative that follows, and must contain all the information necessary for reviewers to understand the proposed project.

To ensure that sufficient information is included for the technical merit review of the application, the Programmatic

Narrative section of application must address, but is not limited to, issues raised in the sections of this document entitled:

1. Program Description
2. Project Requirements
3. Review of Applications

Note: It is requested that on a separate sheet of paper the name, title, and organization affiliation of the individual who is primarily responsible for writing the application be provided. Providing this information is voluntary and will in no way be used to influence the acceptance or review of the application. When submitting the information, please insert the completed sheet behind the application face page.

A **COMPLETE** application consists of the following components **IN THE ORDER SPECIFIED BELOW**. A description of each of these components can be found in Part II.

_____FACE PAGE FOR THE PHS 5161-1 (Standard Form 424 - See Appendix A in Part II for instructions.)

_____OPTIONAL INFORMATION ON APPLICATION WRITER (See note above)

_____ABSTRACT (not to exceed 35 lines)

_____TABLE OF CONTENTS (include page numbers for each of the major sections of the Program Narrative, as well as for each appendix)

_____BUDGET FORM (Standard Form 424A - See Appendix B in Part II for instructions.)

_____PROGRAM NARRATIVE (The information requested for sections A and B of the Program Narrative is discussed in the subsections with the same titles in Section III - Project Requirements, and Section IV - Review of Applications. **Section A (Review of PRC Capability - Level I) may not exceed 10 single-spaced pages. Section B (Technical Merit of Implementation Plan - Level II) may not exceed 25 single-spaced pages. The Program Narrative will not exceed a total of 35 single-spaced pages allocated across Section A and B as specified. Applications exceeding these page limits will not be accepted for review and will be returned to the applicant.**)

_____A. Review of PRC Capability (Level I)
_____B. Technical Merit of Implementation Plan (Level II)
____1. Project Description and Supporting Documentation
____2. Project Approach/Plan
____3. Pilot and Knowledge Application Evaluation Studies: Design, Methodology and Analysis Plan

____4. Project Management: Project Implementation Plan, Organization, Staff, Equipment/Facilities and Other Support

There are no page limits for the following sections except as noted in Biographical Sketches/Job Descriptions.

_____C. Literature Citations (This section must contain complete citations, including titles and all authors, for literature cited in the application.)

_____D. Budget Justification/Existing Resources/Other Support

_____Sections B, C, and E of the Standard Form 424A must be filled out according the instructions in Part II, Appendix B.

_____A line item budget and specific justification in narrative form for the first project year's direct costs AND for each future year must be provided. For contractual costs, provide a similar yearly breakdown and justification for ALL costs (including overhead or indirect costs.

_____All other resources needed to accomplish the project for the life of the grant (e.g., staff, funds, equipment, office space) and evidence that the project will have access to these, either through the grant or, as appropriate, through other resources, must be specified.

Other Support ("Other Support" refers to all current or pending support related to this application. Applicant organizations are reminded of the necessity to provide full and reliable information regarding "other support," i.e., all Federal and non-Federal active or pending support. Applicants should be cognizant that serious consequences could result if failure to provide complete and accurate information is construed as misleading to the PHS and could, therefore, lead to delay in the processing of the application. In signing the face page of the application, the authorized representative of the applicant organization certifies that the application information is accurate and complete.

For your organization and key organizations that are collaborating with you in this proposed project, list all currently active support and any applications/proposals

pending review or funding that relate to the project. If there are none, state "none." For all active and pending support listed, also provide the following information:

1. Source of support (including identifying number and title).
2. Dates of entire project period.
3. Annual direct costs supported/requested.
4. Brief description of the project.
5. Whether project overlaps, duplicates, or is being supplemented by the present application; delineate and justify the nature and extent of any programmatic and/or budgetary overlaps.

_____E. Biographical Sketches/Job Descriptions

A biographical sketch must be included for the project director and for other key positions. Each of the biographical sketches must not exceed **2 pages** in length. In the event that a biographical sketch is included for an individual not yet hired, a letter of commitment from that person must be included with his/her biographical sketch. Job descriptions for key personnel must not exceed **1 page** in length. The suggested contents for biographical sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.

_____F. Confidentiality/Protection of Human Subjects

The information provided in this section will be used to determine whether the level of protection of human subjects appears adequate or whether further provisions are needed, according to standards set forth in Title 45, Part 46, of the Code of Federal Regulations. Adequate protection of human subjects is an essential part of an application and will be considered in funding decisions.

Projects proposed under this announcement may expose participants to risks in as many ways as projects can differ from each other. Following are some examples, but they do not exhaust the possibilities. Applicants should report in this section any foreseeable risks for project participants, and the procedures developed to protect participants from those risks, as set forth below. Applicants should discuss how each element will be addressed, or why it does not apply to the project.

Note: So that the adequacy of plans to address protection of human subjects, confidentiality, and other ethical concerns can be evaluated, the information requested below, which may appear

in other sections of the narrative, should be included in this section of the application, as well.

1. Protection from Potential Risks:

   (a) Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects, besides the confidentiality issues addressed below, which are due either to participation in the project itself, or to the evaluation activities.

   (b) Where appropriate, describe alternative treatments and procedures that might be advantageous to the subjects and the rationale for their nonuse.

   (c) Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.

   (d) Where appropriate, specify plans to provide needed professional intervention in the event of adverse effects to participants.

2. Equitable selection of participants:

   Target population(s):

   Describe the sociodemographic characteristics of the target population(s) for the proposed project, including age, gender, racial/ethnic composition, and other distinguishing characteristics (e.g., homeless youth, foster children, children of substance abusers, pregnant women, institutionalized individuals, or other special population groups).

Recruitment and Selection:

(a) Specify the criteria for inclusion or exclusion of participants and explain the rationale for these criteria.

(b) Explain the rationale for the use of special classes of subjects, such a pregnant women, children, institutionalized mentally disabled, prisoners, or others who are likely to be vulnerable.

(c) Summarize the recruitment and selection procedures, including the circumstances under which participation will be sought and who will seek it.

3. Absence of Coercion:

(a) Explain whether participation in the project is voluntary or mandatory. Identify any potentially coercive elements that may be present (e.g., court orders mandating individuals to participate in a particular intervention or treatment program).

(b) If participants are paid or awarded gifts for involvement, explain the remuneration process.

(c) Clarify how it will be explained to volunteer participants that their involvement in the study is not related to services and the remuneration will be given even if they do not complete the study.

4. Appropriate Data Collection:

(a) Identify from whom data will be collected (e.g., participants themselves, family members, teachers, others) and by what means or sources (e.g., school records, personal interviews, written questionnaires, psychological assessment instruments, observation).

(b) Identify the form of specimens (e.g., urine, blood), records, or data. Indicate whether the material or data will be obtained specifically for evaluative/research purposes or whether use will be made of existing specimens, records, or data. Also, where appropriate, describe the provisions for monitoring the data to ensure the safety of subjects.

(c) Provide, in Appendix No. 4, entitled "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that will be used or proposed to be used in the case of cooperative agreements.

5. Privacy and Confidentiality:

Specify the procedures that will be implemented to ensure privacy and confidentiality, including by whom and how data will be collected, procedures for administration of data collection instruments, where data will be stored, who will/will not have access to information, and how the identity of participants will be safeguarded (e.g., through the use of a coding system on data records; limiting access to records; storing identifiers separately from data).

Note: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records in accordance with the provisions of Title 42 of the Code of Federal Regulations, Part 2 (42 CFR, Part 2).

6. Adequate Consent Procedures:

(a) Specify what information will be provided to participants regarding the nature and purpose of their participation; the voluntary nature of their participation; their right to withdraw from the project at any time, without prejudice; anticipated use of data; procedures for maintaining confidentiality of the data; potential risks; and procedures that will be implemented to protect participants against these risks.

(b) Explain how consent will be appropriately secured for youth, elderly, low literacy and/or for those who English is not their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, awardees may be required to obtain written informed consent.

(c) Indicate whether it is planned to obtain informed consent from participants and/or their parents or legal guardians, and describe the method of documenting consent. For example: Are consent forms read to individuals? Are prospective participants questioned to ensure they

understand the forms? Are they given copies of what they sign?

Copies of sample (blank) consent forms should be included in Appendix No. 5, entitled "Sample Consent Forms." If appropriate, provide English translations.

Note: In obtaining consent, no wording should be used that implies that the participant waives or appears to waive any legal rights, is not free to terminate involvement with the project, or releases the institution or its agents from liability for negligence.

(d) Indicate whether separate consents will be obtained for different stages or aspects of the project, and whether consent for the collection of evaluative data will be required for participation in the project itself. For example, will separate consent be obtained for the collection of evaluation data in addition to the consent obtained for participation in the intervention, treatment, or services project itself? Will individuals not consenting to the collection of individually identifiable data for evaluative purposes be permitted to participate in the project?

7. Risk/Benefit Discussion:

Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and in relation to the importance of the knowledge that may reasonably be expected to result.

_____APPENDICES (Only the appendices specified below may be included in the application. **These appendices must not be used to extend or replace any of the required sections of the Program Narrative.** The total number of pages in the appendices **CANNOT EXCEED 30 PAGES,** excluding all instruments.)

_____Appendix 1: Schedules and Time Lines of Activities, Events, Reports and Products .....

_____Appendix 2: Documentation Related to Coordination with Other Federal/Non-Federal Programs. . . . .

_____Appendix 3: Copy of Letter(s) to SSA(s) . . . . . .

_____Appendix 4: Data Collection Instruments/Interview Protocols..... . . . . .
_____Appendix 5: Sample Consent Forms . . . . . .

_____ASSURANCES NON-CONSTRUCTION PROGRAMS (STANDARD FORM 424B)

_____CERTIFICATIONS

_____DISCLOSURE OF LOBBYING ACTIVITIES

_____CHECKLIST PAGE (See Appendix C in Part II for instructions)

TERMS AND CONDITIONS OF SUPPORT

For specific guidelines on terms and conditions of support, allowable items of expenditure and alterations and renovations, applicants must refer to the sections in Part II by the same names. In addition, in accepting the award the Grantee agrees to provide SAMHSA with GPRA Client Outcome and Evaluation Data.

Reporting Requirements

For the SAMHSA policy and requirements related to reporting, applicants must refer to the Reporting Requirements section in Part II.

Lobbying Prohibitions

SAMHSA's policy on lobbying prohibitions is applicable to this program; therefore, applicants must refer to the section in Part II by the same name.

AWARD DECISION CRITERIA

Applications will be considered for funding on the basis of their overall technical merit as determined through the IRG and the CSAT National Advisory Council review process.

Other award criteria will include:

- Availability of funds.
- Geographic balance, including rural/urban areas.

CONTACTS FOR ADDITIONAL INFORMATION

Questions concerning program issues may be directed to:

Frances Cotter, Project Officer
Office of Managed Care
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
Rockwall II, Suite 740
5600 Fishers Lane
Rockville, MD 20857
(301) 443-8796

Questions regarding grants management issues may be directed to:

Christine Chen
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration
Rockwall II, Suite 630
5600 Fishers Lane
Rockville, Maryland 20857
(301) 443-8926

APPENDIX A

CSAT's GPRA STRATEGY

OVERVIEW

The Government Performance and Results Act of 1993 (Public Law 103-62) requires all federal departments and agencies to develop strategic plans that specify what they will accomplish over a three to five year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to "explain" their success and failures based on the performance monitoring data. While the language of the statute talks about separate Annual Performance Plans and Annual Performance Reports, ASMB/HHS has chosen to incorporate the elements of the annual reports into the annual President's Budget and supporting documents. The following provides an overview of how the Center for Substance Abuse Treatment, in conjunction with the Office of the Administrator/SAMHSA, CMHS, and CSAP, are addressing these statutory requirements.

DEFINITIONS

Performance Monitoring	The ongoing measurement and reporting of program accomplishments, particularly progress towards preestablished goals. The monitoring can involve process, output, and outcome measures.
Evaluation	Individual systematic studies conducted periodically or "as needed" to assess how well a program is working and why particular outcomes have (or have not) been achieved.
Program	For GPRA reporting purposes, a set of activities that have a common purpose and for which targets can (will) be established.[1]
Activity	A group of grants, cooperative agreements, and contracts that together are directed toward a common objective.
Project	An individual grant, cooperative agreement, or contract.

CENTER (OR MISSION) GPRA OUTCOMES

[1]GPRA gives agencies broad discretion with respect to how its statutory programs are aggregated or disaggregated for GPRA reporting purposes.

The mission of the Center for Substance Abuse Treatment is to support and improve the effectiveness and efficiency of substance abuse treatment services throughout the United States. However, it is not the only agency in the Federal government that has substance abuse treatment as part of its mission. The Health Care Financing Administration, Department of Veterans Affairs, and the Department of Justice all provide considerable support to substance abuse treatment. It shares with these agencies responsibility for achieving the objectives and targets for Goal 3 of the Office of National Drug Control Policy's Performance Measures of Effectiveness:

Reduce the Health and Social Costs Associated with Drug Use.

Objective 1 is to support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse. The individual target areas under this objective include reducing the treatment gap (Goal 3.1.1), demonstrating improved effectiveness for those completing treatment (Goal 3.1.2), reducing waiting time for treatment (Goal 3.1.3), implementing a national treatment outcome monitoring system (Goal 3.1.4), and disseminating treatment information (Goal 3.1.5). Objective 4 is to support and promote the education, training, and credentialing of professionals who work with substance abusers.

CSAT will be working closely with the OAS/SAMHSA, ONDCP, and other Federal demand reduction agencies to develop annual targets and to implement a data collection/information management strategy that will provide the necessary measures to report on an annual basis on progress toward the targets presented in the ONDCP plan. These performance measures will, at an aggregate level, provide a measure of the overall success of CSAT's activities. While it will be extremely difficult to attribute success or failure in meeting ONDCP's goals to individual programs or agencies, CSAT is committed to working with ONDCP on evaluations designed to attempt to disaggregate the effects. With regard to the data necessary to measure progress, the National Household Survey on Drug Abuse (conducted by SAMHSA) is the principal source of data on prevalence of drug abuse and on the treatment gap. Assessing progress on improving effectiveness for those completing treatment requires the implementation of a national treatment outcome monitoring system (Target 3.1.4). ONDCP is funding an effort to develop such a system and it is projected in Performance Measures of Effectiveness to be completed by FY 2002.

Until then, CSAT will rely on more limited data, generated within its own funded grant programs, to provide an indication of the impact that our efforts are having in these particular target areas. It will not be representative of the overall national treatment system, nor of all Federal activities that could affect these outcomes. For example, from its targeted capacity expansion program (funded at the end of FY 1998), CSAT will present baseline data on the numbers of individuals treated, percent completing treatment, percent not using illegal drugs, percent employed, and percent engaged in illegal activity (i.e., measures indicated in the ONDCP targets) in its FY 2001 report with targets for future years. As the efforts to incorporate outcome indicators into the SAPT Block Grant are completed over the next several years, these will be added to the outcomes reported from the targeted capacity expansion program.

In addition to these "end" outcomes, it is suggested that CSAT consider a routine customer service survey to provide the broadest possible range of customers (and potential customers) with a means of providing feedback on our services and input into future efforts. We would propose an annual survey with a short, structured questionnaire that would also include an unstructured opportunity for respondents to provide additional input if they so choose.

CSATs "PROGRAMS" FOR GPRA REPORTING PURPOSES

All activities in SAMHSA (and, therefore, CSAT) have been divided into four broad areas or "programmatic goals" for GPRA reporting purposes:

- Goal 1: Assure services availability;
- Goal 2: Meet unmet and emerging needs;
- Goal 3: Bridge the gap between research and practice;
- Goal 4: Enhance service system performance[2]

The following table provides the crosswalk between the budget/statutory authorities and the "programs":

	KD&A	TCE	SAPTBG	NDC
Goal 1			X	
Goal 2		X		
Goal 3	X			
Goal 4			X	X

KD - Knowledge Development
KA - Knowledge Application
NDC - National Data Collection/Data Infrastructure
SAPTBG - Substance Abuse Prevention and Treatment Block Grant
TCE - Targeted Capacity Expansion

For each GPRA [program] goal, a standard set of output and outcome measures across all SAMHSA activities is to be developed that will provide the basis for establishing targets and reporting performance. While some preliminary discussions have been held, at this time there are no agreed upon performance

[2]Goal 4 activities are, essentially, those activities that are funded with Block Grant set-aside dollars for which SAMHSA seeks a distinction in the budget process (i.e., National Data Collection/Data Infrastructure).

measures or methods for collecting and analyzing the data.[3] In the following sections, CSAT's performance monitoring plans for each of the programmatic areas are presented. It should be understood that they are subject to change as the OA and other Centers enter into discussion and negotiate final measures. In addition, at the end of the document, a preliminary plan for the use of evaluation in conjunction with performance monitoring is presented for discussion purposes.

1. ASSURE SERVICES AVAILABILITY

Into this program goal area fall the major services activities of CSAT: the Substance Abuse Prevention and Treatment Block Grant. In FY 2000 the Block grant application was revised and approved by the Office of Management and Budget to permit the voluntary collection of data from the States. More specifically:

- Number of clients served (unduplicated)

- Increase % of adults receiving services who:
  - (a) were currently employed or engaged in productive activities;
  - (b) had a permanent place to live in the community;
  - (c) had no/reduced involvement with the criminal justice system.

- Percent decrease in
  - (a) Alcohol use;
  - (b) Marijuana use;
  - (c) Cocaine use;
  - (d) Amphetamine use
  - (e) Opiate use

In addition, in the Fall of 1999 a customer satisfaction survey was designed and approved for collection from each state on the level of satisfaction with Technical Assistance and Needs Assessment Services provided to the States. More specifically:

- Increase % of States that express satisfaction with TA provided
- Increase % of TA events that result in systems, program or practice improvements

[3]Only measures of client outcomes have been developed and agreed to by each of the Centers. However, these measures are really only appropriate for "services" programs where the provision of treatment is the principal purpose of the activity (i.e., Goals 2 and 3). The client outcome measures will be presented under Goals 2 and 3.

2. MEET UNMET OR EMERGING NEEDS

Into this program goal area fall the major services activities of CSAT: Targeted Capacity Expansion Grants. Simplistically, the following questions need to be answered about these activities within a performance monitoring context:

- Were identified needs met?
- Was service availability improved?
- Are client outcomes good (e.g., better than benchmarks)?

The client outcome assessment strategy mentioned earlier will provide the data necessary for CSAT to address these questions. The strategy, developed and shared by the three Centers, involves requiring each SAMHSA project that involves services to individuals to collect a uniform set of data elements from each individual at admission to services and 6 and 12 months after admission. The outcomes (as appropriate) that will be tracked using this data are:

- Percent of adults receiving services increased who:
  a) were currently employed or engaged in productive activities
  b) had a permanent place to live in the community
  c) had reduced involvement with the criminal justice system
  d) had no past month use of illegal drugs or misuse of prescription drugs
  e) experienced reduced alcohol or illegal drug related health, behavior, or social consequences, including the misuse of prescription drugs

- Percent of children/adolescents under age 18 receiving services who:
  a) were attending school
  b) were residing in a stable living environment
  c) had no involvement in the juvenile justice system
  d) had no past month use of alcohol or illegal drugs
  e) experienced reduced substance abuse related health, behavior, or social. consequences.

These data, combined with data taken from the initial grant applications, will enable CSAT to address each of the critical success questions.

3. BRIDGE THE GAP BETWEEN RESEARCH AND PRACTICE

This "program" or goal covers that set of activities that are knowledge development/research activities. Initially funded in FY1996, CSAT's portfolio in this area currently includes XX multi-site grant and cooperative agreement programs, several of which are being conducted in collaboration with one or more of the other two Centers. These activities cover a broad range of substance abuse treatment issues including adult and adolescent treatment, treatments for marijuana and

methamphetamine abuse, the impact of managed care on substance abuse treatment, and the persistence of treatment effects. In FY1999, a general program announcement to support knowledge development activity will be added to the CSAT portfolio.

The purpose of conducting knowledge development activities within CSAT is to provide answers to policy-relevant questions or develop cost-effective approaches to organizing or providing substance abuse treatment that can be used by the field. Simplistically then, there are two criteria of success for knowledge development activities:

- Knowledge was developed; and
- The knowledge is potentially useful to the field.

While progress toward these goals can be monitored during the conduct of the activity, only after the research data are collected, analyzed, and reported can judgments about success be made.

CSAT proposes to use a peer review process, conducted after a knowledge development activity has been completed, to generate data for GPRA reporting purposes. While the details remain to be worked out, the proposal would involve having someone (e.g., the Steering Committee in a multi-site study) prepare a document that describes the study, presents the results, and discusses their implications for substance abuse treatment. This document would be subjected to peer review (either a committee, as is done for grant application review or "field reviewers", as is done for journal articles). The reviewers would be asked to provide ratings of the activity on several scales designed to represent the quality and outcomes of the work conducted (to be developed).[4] In addition, input on other topics (such as what additional work in the area may be needed, substantive and "KD process" lessons learned, suggestions for further dissemination) would be sought. The data would be aggregated across all activities completed (i.e., reviewed) during any given fiscal year and reported in the annual GPRA report.

3.1 PROMOTE THE ADOPTION OF BEST PRACTICES

This "program" involves promoting the adoption of best practices and is synonymous currently with Knowledge Application.[5] Within CSAT, these activities currently include the Product Development

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[4]The ratings would include constructs such as adherence to GFA requirements, use of reliable and valid methods, extent of dissemination activities, extent of generalizability, as well as the principal GPRA outcome constructs.

[5]Most, if not all, of the activities conducted under the rubric of technical assistance and infrastructure development are appropriately classified as activities supporting this program goal. Technical assistance activities within GPRA have not been discussed within CSAT. Further, at this time, SAMHSA has a separate program goal for infrastructure development (see "Enhance Service System Performance," below).

and Targeted Dissemination contract (to include TIPS, TAPS, CSAT by Fax, and Substance Abuse in Brief), the Addiction Technology Transfer Centers, and the National Leadership Institute. In FY1999, the Community Action Grant program will be added and in FY2000, the Implementing Best Practices Grant program will be added.

Activities in this program have the purpose of moving "best practices," as determined by research and other knowledge development activities, into routine use in the treatment system. Again simplistically, the immediate success of these activities can be measured by the extent to which they result in the adoption of a "best practice."[6] In order to provide appropriate GPRA measures in this area, CSAT plans to require that all activities that contribute to this goal to collect information on the numbers and types of services rendered, the receipt of the service by the clients and their satisfaction with the services, and whether the services resulted in the adoption of a best practice related to the service rendered.

4. ENHANCE SERVICE SYSTEM PERFORMANCE

As described earlier, this programmatic goal is distinguished from "Promote the adoption of best practices" primarily by its reliance on the Block Grant set-aside for funding and the explicit emphasis on "systems" rather than more broadly on "services." The CSAT activities that fall into this goal are the STNAP and TOPPS. While CSAT has established performance measures for these activities individually, it is waiting for SAMHSA to take the lead in developing SAMHSA-wide measures. In addition, CSAT continues to believe that this goal should be collapsed into the broader goal of "Promoting the adoption of best practices."

EVALUATIONS

As defined earlier, evaluation refers to periodic efforts to validate performance monitoring data; to examine, in greater depth, the reasons why particular performance measures are changing (positively or negatively); and to address specific questions posed by program managers about their programs. These types of evaluation are explicitly described, and expected, within the GPRA framework. In fact, on an annual basis, the results of evaluations are to be presented and future evaluations described.

To date, CSAT has not developed any evaluations explicitly within the GPRA framework. The initial requirements will, of necessity, involve examinations of the reliability and validity of the performance measures developed in each of the four program areas. At the same time, it is expected

[6]Ultimately, the increased use of efficient and effective practices should increase the availability of services and effectiveness of the system in general. However, measures of treatment availability and effectiveness are not currently available. Within existing resources, it would not be feasible to consider developing a system of performance measurement for this purpose.

that CSAT managers will begin to ask questions about the meaning of the performance monitoring data as they begin to come in and be analyzed and reported. This will provide the opportunity to design and conduct evaluations that are tied to "real" management questions and, therefore, of greater potential usefulness to CSAT. CSAT will be developing a GPRA support contract that permits CSAT to respond flexibly to these situations as they arise.

On a rotating basis, program evaluations will be conducted to validate the performance monitoring data and to extend our understanding of the impacts of the activities on the adoption of best practices.

APPENDIX B

Form Approved
OMB No. 0930-0208
Expiration Date 10/31/2002

CSAT GPRA Client Outcome Measures for Discretionary Programs

A. RECORD MANAGEMENT

Client ID |____|____|____|____|____|____|____|____|____|____|____|____|

Contract/Grant ID |____|____|____|____|____|____|____|____|____|____|____|____|

Grant Year |____|____|
Year

Interview Date |____|____| / |____|____| / |____|____|

Interview Type 1. INTAKE 2. 6 month follow-up 3. 12 month follow-up

B. DRUG AND ALCOHOL USE

1. During the past 30 days how many days have you used the following: **Number of Days**

a. Any Alcohol |____|____|

b. Alcohol to intoxication (5+drinks in one setting)

|____|____|

c. Other Illegal Drugs |____|____|

2. During the past 30 days, how many days have you used any of the following: **Number of Days**

a. Cocaine/Crack |____|____|

b. Marijuana/Hashish, Pot |____|____|

c. Heroin or other opiates |____|____|

d. Non prescription methadone |____|____|

e. PCP or other hallucinogens/ psychedelics, LSD, Mushrooms, Mescaline..... |____|____|

f. Methamphetamine or other amphetamines, Uppers |____|____|

g. Benzodiazepines, barbiturates, other tranquilizers, Downers sedatives, or hypnotics |____|____|

h. Inhalants, poppers, rush, whippets |____|____|

i. Other Illegal Drugs--Specify_____ |____|____|

3. In the past 30 days have you injected drugs? ○ Yes ○ No

C. FAMILY AND LIVING CONDITIONS

1. In the past 30 days, where have you been living most of the time?

- ○ Shelter (Safe havens, TLC, low demand facilities, reception centers, Other temporary day or evening facility)
- ○ Street/outdoors (sidewalk, doorway, park, public or abandoned building)
- ○ Institution (hospital., nursing home, jail/prison)
- ○ Housed (Own, or someone else's apartment, room, house halfway house, residential treatment)

2. During the past 30 days how stressful have things been for you because of your use of alcohol or other drugs?

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely

3. During the past 30 days has your use of alcohol or other drugs caused you to reduce or give up important activities?

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely

4. During the past 30 days has your use of alcohol and other drugs caused you to have emotional problems?

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely

D. EDUCATION, EMPLOYMENT, AND INCOME

1. Are you currently enrolled in school or a job training program? [IF ENROLLED: Is that full time or part time?]

- ○ Not enrolled
- ○ Enrolled, full time

- ○ Enrolled, part time
- ○ Other (specify)_____

2. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|____|____| level in years

2a. If less than 12 years of education, do you have a GED (Graduate Equivalent Diploma)?

○ Yes ○ No

3. Are you currently employed? [Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work]

- ○ Employed full time (35+ hours per week, or would have been)
- ○ Employed part time
- ○ Unemployed, looking for work
- ○ Unemployed, disabled
- ○ Unemployed, Volunteer work
- ○ Unemployed, Retired
- ○ Other Specify_____

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from…

	INCOME
a. Wages	$ ___,___.00
b. Public assistance	$ ___,___.00
c. Retirement	$ ___,___.00
d. Disability	$ ___,___.00
e. Non-legal income	$ ___,___.00
f. Other_____(Specify)	$ ___,___.00

E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested? |____|____| times

2. In the past 30 days, how many times have you been arrested for drug-related offenses? |____|____| times

3. In the past 30 days, how many nights have you spent in jail/prison? |____|____| nights

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT

1. How would you rate your overall health right now?

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

2. During the past 30 days, did you receive

a. Inpatient Treatment for:		No	Yes ±	**If yes, altogether** for how many nights (DK=98)
i. Physical complaint	°	°		_____
ii. Mental or emotional difficulties		°	°	_____
iii. Alcohol or substance abuse		°	°	_____

b. Outpatient Treatment for:		No	Yes ±	**If yes, altogether** how many times (DK=98)
i. Physical complaint	°	°		_____
ii. Mental or emotional difficulties		°	°	_____
iii. Alcohol or substance abuse		°	°	_____

c. Emergency Room Treatment for:		No	Yes ±	**If yes, altogether** for how many times (DK=98)
i. Physical complaint	°	°		_____
ii. Mental or emotional difficulties		°	°	_____
iii. Alcohol or substance abuse		°	°	_____

H. DEMOGRAPHICS (ASKED ONLY AT BASELINE)

1. Gender

- ○ Male
- ○ Female
- ○ Other (please specify) _____

2. Are you Hispanic or Latino?

○ Yes ○ No

3. What is your race?

- ○ Black or African American
- ○ Asian
- ○ American Indian
- ○ Native Hawaiian or other Pacific Islander
- ○ Alaska Native
- ○ White
- ○ Other (Specify)_____

4. What is your date of birth? |____|____| / |____|____| / |____|____|
Month / Day / Year